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TITLE OF INVENTION: METHOD OF DETERMINING GLOBAL COAGULABILITY AND HEMOSTATIC POTENTIAL

APPLN, TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400		\$300	\$1700	05/30/2006
EXAMINER		ART UNIT		CLASS-SUBCLASS]	
GITOMER, RALPH J		1655		435-006000	,	
CFR 1.363). Change of correspon Address form PTO/SB/1 "Fee Address" indica PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME ANI	dence address or indication of "Foodence address (or Change of 122) attached. ation (or "Fee Address" Indication (or more recent) attached. Use D RESIDENCE DATA TO Be an assignee is identified be	Correspondence ation form e of a Customer	(1) the na or agents (2) the na registered 2 registered listed, no	nting on the patent front page, limes of up to 3 registered pater OR, alternatively, me of a single firm (having as attorney or agent) and the named patent attorneys or agents. If name will be printed. T (print or type) Dear on the patent. If an assign for filing an assignment.	a member a les of up to no name is 3	A. Roesler
(A) NAME OF ASSIGN bio Merieu:	NEE x ₁ lnc, 100 R	odolphe &	(B) RESIDI	ence: (CITY and STATE OR C Tham NL 27 patent): Individual Inc	COUNTRY) مرکز ۲۱	
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